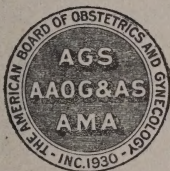


BULLETIN
of
THE AMERICAN BOARD
of
OBSTETRICS AND
GYNECOLOGY



TWENTIETH ISSUE
JUNE, 1949

OFFICE:
1015 HIGHLAND BUILDING
PITTSBURGH 6, PA.

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of
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THE AMERICAN BOARD OF OBSTETRICS AND GYNECOLOGY

ORGANIZATION

In 1930 the American Association of Obstetricians, Gynecologists, and Abdominal Surgeons, the American Gynecological Society, and the Section on Obstetrics and Gynecology of the American Medical Association, each elected three Fellows to constitute the American Board of Obstetrics and Gynecology.

Dr. Walter T. Dannreuther of New York, Dr. Paul Titus of Pittsburgh, and Dr. Grandison D. Royston of St. Louis were appointed to represent the American Association of Obstetricians, Gynecologists, and Abdominal Surgeons; Dr. Jennings C. Litzenberg of Minneapolis, Dr. Joseph L. Baer of Chicago, and Dr. E. A. Schumann of Philadelphia were appointed to represent the American Gynecological Society; Dr. Fred L. Adair of Chicago, Dr. R. D. Mussey of Rochester, Minn., and Dr. E. D. Plass of Iowa City, Iowa, were appointed to represent the Section on Obstetrics, Gynecology, and Abdominal Surgery of the American Medical Association. Since formation of the Board several of the original members have resigned and others have been duly appointed to fill their places.

The Board was incorporated, organized and held its first meeting in September 1930. At that time the By-Laws were adopted and provisions were made by resolutions for its proper functioning.

This Board had been in the process of organization since 1927 and put into action a determined effort on the part of these three national organizations to improve the standards of practice of obstetrics and gynecology.

PURPOSES OF THE BOARD

First: To elevate the standards and advance the cause of obstetrics and gynecology.

Second: To determine the competence of practitioners professing to be specialists in obstetrics and gynecology.

Third: To arrange, control, and conduct examinations to test the qualifications of voluntary candidates appearing before the Board for certification as specialists in obstetrics and gynecology.

Fourth: To grant and issue certificates of qualification as specialists in the field of obstetrics and gynecology to candidates successful in demonstrating their proficiency.

Fifth: To serve the public, hospitals and the medical schools by preparing lists of specialists certified by the Board.

These activities proceed from the certificate of incorporation in which it is stated that "the nature of the business and the objects or purposes proposed to be transacted, promoted and carried on by it" are as follows:

"To encourage the study, improve the practice, and advance the cause of obstetrics and gynecology, subjects which should be inseparably interwoven; and to grant and to issue to physicians duly licensed by law, certificates or other equivalent recognition of special knowledge in obstetrics and gynecology."

VALUE OF CERTIFICATES

The national obstetrical and gynecological organizations, which have participated in the formation of the Board and are sponsoring its activities, as well as other societies, attach considerable importance to its certificate. Both the medical and the lay public, including hospital directors, have come to utilize the certificate from this Board freely as a means of determining who are well grounded as specialists in obstetrics and gynecology.

Lists of those holding certificates from this Board and limiting their practice to obstetrics and gynecology are published in the Directory of Medical Specialists; similar lists are published by the American Journal of Obstetrics and Gynecology, and also appear in the American Medical Directory. This latter indicates Diplomates of this and other Boards by means of numerical symbols

appearing in the biographic records, but does not give such special recognition to Diplomates who are not members of the American Medical Association.

Each certificate granted or issued does not of itself confer or purport to confer upon any person any degree or legal qualifications, privileges or license to practice obstetrics or gynecology, nor does the Board intend in any way to interfere with or limit the professional activities of any duly licensed physician. Its chief aim is to standardize qualification for specialists in obstetrics and gynecology, and to certify as specialists those who voluntarily appear before the Board for such recognition and certification, according to its regulations and requirements.

This Board does not subscribe to any hospital rule that certification is to be required for medical appointments especially in ranks lower than Chief or Senior Staff of hospitals, or Associate Professorship in Schools of Medicine, for the obvious reason that such appointments constitute desirable specialist training.

Even though certification or its full equivalent may be considered a desirable requisite to appointment in key positions, as on the Senior or Chief Staff, particularly of hospitals expecting to conduct approved services for training of residents, it was never intended by this Board that certification should be required by any hospital as a prerequisite to appointment, especially in such lesser positions.

PREREQUISITES TO ELIGIBILITY

Each applicant before he may become eligible to receive such certificate or other evidence of recognition:

1. Must have had conferred upon him a degree in medicine by an institution of learning approved by the Advisory Board for Medical Specialties and the Council on Medical Education and Hospitals of the American Medical Association.
2. Must establish in a manner satisfactory to the Board of Directors that he is a physician duly licensed to practice medicine, and

(a) That he is of high ethical and professional standing.

(b) That he has received adequate training in both obstetrics and gynecology as a specialty. Training in one branch only is not acceptable. The term "adequate training" as used here shall be construed as meaning a minimum of six (6) months and preferably a year full-time, in the branch of either obstetrics or gynecology relegated to a minor role in a candidate's training and preference for practice.

3. Must make application for investigation of his credentials and a survey of his character.

4. Must assure the Board that he is limiting his practice to obstetrics and/or gynecology and that he intends to continue to do so, except for military duties, having limited for at least six (6) months before making application. Effective December 31, 1949, candidates will not be accepted who have not been in practice limited to the specialty for a minimum period of at least two (2) years following completion of their specialty training.

5. Must have membership in the American Medical Association, or membership in such Canadian or other medical societies as are recognized for this purpose by the Council on Medical Education and Hospitals of the American Medical Association.

This Board will not accept applicants for examination who are not full citizens of the United States or of Canada, though they be residents of either country. Foreign born applicants must have been certified by either the National Board of Medical Examiners or licensed to practice medicine in the United States or Canada by a State or Provincial Board of Licensure. Notarized statements, *not* original citizenship papers, must be furnished when the application is filed attesting to the fact of full citizenship in the United States or Canada, if the applicant is foreign born. Further,

there will be required a probationary period of at least three (3) years from the date of licensure in the practice of medicine in these countries before such a candidate may be admitted to examination.

The Board has ruled that physicians who accept male patients in their private or other practice, for operative or other care, cannot be regarded as specialists in obstetrics and gynecology, except by special ruling when this is related to active military duty.

This Board deprecates engagement in fields of practice other than that in which candidates profess to be specialists. The Board does not exclude from examination, however, obstetricians-gynecologists who practice abdominal surgery and urology in the female, as well as breast surgery, because of the correlation of these activities.

Military service or any other similar patriotic service, such as work with Selective Service Boards, etc., have not been construed as non-limitation of practice in violation of the Board regulations.

REQUIREMENTS

The requirements for all candidates will be uniform as follows:

1. Completion of at least one (1) year intern service in a hospital approved by the Council on Medical Education and Hospitals of the A. M. A. This need not be a general rotating internship, although this latter is preferred.

The Board accepts the fifth or "intern" medical school year required at some schools in lieu of the usual fifth or intern "clinical training" year following graduation.

A second year general internship is to be considered as one of a candidate's years of practice. No credit will be given toward special training during a second year general internship.

2. A minimum of seven (7) years of practice after the intern year, including at least

three (3) years of residency training in approved institutions, or adequate preceptorship training and including at least six (6) months' post-training practice limited to the specialty. Effective December 31, 1949, this latter requirement shall be increased to two (2) years, at least, post-training practice limited to the specialty. Post-training practice period may include full-time medical school or other positions within the specialty, actual practice within the specialty as an assistant, associate, or independently. Details regarding allowances for time in practice when the applicant offers a preceptorship as part or all of his training must be decided individually for each case by the Credentials Committee.

3. The period of special training should emphasize the relation of the basic sciences, anatomy, pathology, physiology, biochemistry, and bacteriology, to the application of surgical principles which are fundamental in all branches of surgery. In addition, the candidate must understand and be trained in the following subjects, viz., the care of emergencies, shock, hemorrhage, blood replacement, electrolyte and fluid balance, protein and nitrogen balance, choice of anesthetics, chemotherapy, acidosis, and alkalosis, narcotics and hypnotics, wound healing, etc.

4. No formal graduate courses are required. If taken, credit will be limited to six months.

GRADUATE EDUCATION AND TRAINING

This Board, through the Council on Medical Education and Hospitals of the American Medical Association, surveys and approves institutions providing acceptable residencies in obstetrics and gynecology.

The American Board of Obstetrics and Gynecology establishes herewith requirements for its approval of a residency in a hospital department or service:

1. The Chief of the Active Visiting Staff of the Department must be certified by this

Board with at least one other of his subordinates; the remaining members of the Staff must be otherwise acceptably qualified to teach and to practice obstetrics-gynecology.

2. Exceptions to the foregoing, in respect to the certified status of Chiefs of Service and others as outlined above, can be made only by unanimous assent of the Committee on Postgraduate Survey, for adequate and justifiable reasons. As examples of the latter, the degree of F.A.C.S. in obstetrics-gynecology might be accepted in lieu of one of the two required certifications if the general reputation of the person concerned is known to the Committee as national or sectional in scope, or a professorial rank without certification might be acceptable.

3. In instances where the services of obstetrics-gynecology are not combined but are separate in any given hospital, the Chief of each such service seeking approval and at least one of his subordinates must be certified.

4. If obstetrics and gynecology are not combined in one department, approval can be granted only if arrangements are made for some degree of rotation of residents between both services, provided both services are separately approved.

5. If gynecology is classified in the given hospital as a subdivision or subservice of surgery, approval cannot be granted for residency training in gynecology.

6. Effective July 1, 1948, "temporary approvals pending survey" were discontinued. It is expected that all presently approved hospitals will soon be initially surveyed, if holding temporary approval, or resurveyed and redesignated if holding unconditional approval.

7. For further details of requirements and qualifications for approval for residency training, hospital officials should refer to the latest special issues of the Journal of the AMA as they appear during each year, dealing with these subjects, or should apply to

the Council on Medical Education and Hospitals of the AMA for bulletins outlining details.

8. Application for residency approval must be made in triplicate on special forms provided for this purpose. These forms may be obtained from the Secretary of the Council on Medical Education and Hospitals of the AMA, or from the Secretary of the American Board of Obstetrics and Gynecology. All statements amplifying an application should also be made in triplicate.

9. The formal application, with all papers, for residency training approval should be submitted primarily to the Council on Medical Education and Hospitals of the AMA, 535 North Dearborn Street, Chicago 10, Illinois. Action is taken jointly by the Council and this Board after survey by the Council.

The Board conformed with the general acceleration in programs in medical education in that it will accept a period of nine "accelerated" months as an academic year in satisfying our requirement for each of three years of residency training. Such allowances can be made only for services during the wartime period of the official "accelerated program" and are not made for services before 1943 or after the discontinuance of this acceleration in 1946.

It should be recalled by all concerned that credits for graduate training may be obtainable for residency or assistantship service in hospitals not officially approved for residency training. Each such case must be individually considered, and credits will be largely dependent upon the teaching qualifications of those in charge of the service, and the clinical facilities of the hospital in question.

10. Lists of formally approved institutions for special residency training appear regularly in certain issues of the Journal of the A. M. A. Detailed information about any of these can be obtained by applying to the A. M. A.

Any physician formally obligating himself to serve a residency in a Council on Medical Education and Hospitals of the American Medical Association-American Board of Obstetrics and Gynecology approved hospital and thereby eliminating other possible candidates from the position, who breaks his contract without justifiable cause, either before beginning his service or during his period of service, except by mutual consent and agreement between the candidate and the hospital, may be barred from the examination for certification at the discretion of the Board.

As a substitute for special residency training, service with a qualified obstetrician-gynecologist preceptor, preferably one who has been certified by the Board, may be acceptable. The exact time basis for this has not been specified, and each case must be reviewed and decided individually by the Credentials Committee after the application is submitted in the regular manner. The time allowance for this type of training will vary with the amount of work done with the preceptor. It is unusual for more than six months' credit to be given for one year of preceptorship training.

An acceptable preceptor is a specialist in obstetrics and gynecology of long experience, preferably certified by this Board. His volume of office and hospital practice must be large enough to offer ample opportunity for the candidate's training. Preceptor training should include participation in procedures of office and hospital practice, including operative and obstetric responsibilities, with adequate time devoted to the studies of basic sciences and pathology and the study of current literature pertaining to this specialty. The preceptor should supervise closely the candidate's work and keep an informative record of the candidate's performance in order to facilitate the Board's efforts in evaluating the adequacy of the candidate's training.

Candidates who propose to offer preceptorship training for any part of their necessary

credits before this Board should request Preceptorship or Supplemental Training forms to be sent them by this office in addition to the application blank. These forms are to be filled out by the candidate, executed by the preceptor and returned by him direct to this office with a covering letter amplifying any of his statements or the data contained in the preceptorship form.

APPLICATION AND FEES

Application must be made on a special blank which will be furnished by the Secretary's Office, 1015 Highland Building, Pittsburgh 6, Pa., and must be forwarded with the other required credentials and the application fee to the Secretary's Office at least ninety (90) days prior to the scheduled date of the Part I examinations.

Candidates who have not had a minimum of three (3) years' formal residency type of special training should utilize Preceptorship or Supplemental Training forms, obtainable from this office, to submit in addition to regular application form.

The application fee is \$25.00 and is not returnable.

The examination fee is \$100.00 and is payable when the candidate is notified of acceptance for examination. This fee is not returnable after the candidate has been officially accepted by the Credentials Committee and notified to report for examination.

If the candidate fails the Part II examination on his original application, he may exercise the privilege of one reexamination (see Examinations, Part II) but will be required to pay a fee of \$25.00 for such reexamination upon making request that his application be reopened for this purpose. This ruling is effective on applications originally made after June 1, 1949.

The fees have been carefully computed on a basis of cost of examinations and are used entirely for administrative expenses. Examiners and Associate Examiners serve as such without compensation other than actual expenses.

Many prospective candidates write the Secretary's Office outlining in their letters their training qualifications and asking informally if they are eligible. Any candidate should be able to make a fair

estimate of his eligibility after studying this Bulletin.

Individual Officers and Directors cannot and will not make any eligibility rulings. These are made only by the Credentials Committee after reviewing applications made on the special form provided for this purpose, and submitted to the Secretary with the candidate's application fee.

Personal interviews cannot be granted by the Secretary or other Directors of the Board unless requested by the Board.

All candidates must comply with Board regulations in effect for the year in which the examination is taken, regardless of when the original application was filed.

Applicants declared ineligible for admission to examination may request reopening of their applications within two (2) years of the filing date without payment of an additional application fee. A request for the reopening of an application declared ineligible by reason of insufficient training, non-limitation of practice, or similar items may not be approved in less than two (2) years, although application may be made as specified above to avoid payment of an additional fee. This approval time may be reduced under exceptional circumstances. The request must have adequate supporting evidence of additional training and experience to warrant reconsideration. Preceptorship or Supplemental Training blanks should be used for such reports, and these will be supplied upon request.

After two ineligibility or postponement rulings on any candidate's application, an entirely new application must be submitted (with or without fee, according to current requirements) in order to bring data down to date. The essential feature of this should be evidence of additional training and experience.

Applicants declared eligible but who fail to exercise the examination privilege within three (3) years of the date of filing the application are required to file a new and current application and to pay a new application fee.

An applicant entering military service during any national emergency and assigned to work in

general surgery under conditions acceptable to the Credentials Committee may receive credit up to a maximum of six (6) months applicable toward his three (3) required years of specialty training. He should specifically request such credit in making his application. The additional time may be applied toward the years of practice requirement.

An applicant serving under military orders in an Army or a Navy hospital in an obstetrical and/or gynecological service under supervision will be given the same credit as if he were working under a preceptor, if these departments are supervised by Diplomates of this Board or recognized obstetricians-gynecologists. He may obtain full residency credit if such hospital is officially approved and listed for residency training in this specialty.

Additional time in military service with any type of general medical assignment may be applied toward the Board's years of practice requirement. The Credentials Committee of the Board will review and give consideration to each individual case.

Candidates should offer as sponsors or references, two Diplomates of this Board with whom they are presently in contact, rather than men under whom they served as residents only. It is required that sponsors be from the candidate's community and currently acquainted with the candidate and his ability in his practice of the specialty.

Upon notice of acceptance for admission to examination, examination fee is due and also case records which should be shipped by the candidate to the Secretary's Office as soon as possible and not later than the date of the Part I written examination.

The candidate should make immediate acknowledgment of his notice of acceptance at which time he will notify the Secretary's Office approximately when to expect his case reports.

EXAMINATIONS

Part I examinations are scheduled annually for the first Friday in February. Grades cannot usually be mailed from the Secretary's Office until after April first following the examination. Arrangements will be made for candidates to

report in any convenient city where there may be a Diplomate of this Board to conduct or to supervise the written examination which will be sent out from the Board's Office under sealed cover.

Special arrangement will be made through senior officers for conducting the written portion of the Part I examination for men in military service. Such candidates are requested to keep the Secretary's Office informed at all times of changes in their mailing addresses.

All applicants accepted for examination will be required to obtain a passing grade in both the written examination and a review of case reports (Part I), before becoming eligible for the oral-clinical and pathology examinations (Part II). The passing grade for the written examination and case reports is 75 per cent. A candidate whose grade in either or both falls below 75 per cent is conditioned.

Reexamination for the removal of conditions in Part I may be taken after one year but within three years after the first failure, without payment of an additional fee.

Candidates who successfully complete the Part I examination proceed automatically to the Part II examination held later in the year.

Candidates appearing for reexamination under a new application after two previous failures will not be required, if they have passed all or part of the Part I examinations on their first application, to repeat such examination items already successfully cleared.

Part I

Examination consists of:

1. A comprehensive written examination, conducted annually, including questions on both obstetrics and gynecology and related basic sciences. The written examination will be limited to a maximum period of three hours.
2. The filing, not later than the date of the written examination, of twenty-five (25) obstetrical and gynecological case reports, in condensed form. Five (5) cases may concern

major illnesses, not necessarily operative. All must be of patients for whom the candidate was personally responsible.

Grades on case reports submitted for review prior to the written examination will be announced simultaneously with those of the latter; candidates who take the written examination but fail to submit case reports on or before the date of the written examination cannot be given the grade on the latter until their case reports have been received and graded.

Part II

The oral-clinical and pathology examinations given all candidates are conducted by the entire Board and the Associate Examiners usually near the time and place of the annual meeting of one or more of the national societies represented on this Board. Advance announcements of examination dates and place will be made in medical journals throughout the country.

Examination consists of:

1. Oral examination before two to four examiners.

An endeavor is made to adapt the details of the oral examination to each candidate's experience and practice. The examination is particularly directed to ascertain his familiarity with recent obstetrical and gynecological literature, the related basic sciences, the breadth of his clinical experience, and his general qualifications as a specialist in obstetrics and gynecology.

2. Pathology examination.

The candidate is expected to identify and to discuss several obstetrical and gynecological pathologic specimens and sections.

Examiners report orally upon each candidate to the assembled Board, after which the results of their investigations are considered jointly by the entire Board and Associate Examiners. After a general consideration of the details of the candidate's oral and pathology examinations, including a review of his capability and general adaptability, the candidate is passed or failed by the entire Board.

The final action of the Board is based upon the candidate's ethical and professional record, training and attainments, as well as on the results of his formal examination.

No conditions are given in Part II of the examination. When a candidate fails in Part II of the examination, he is not required to repeat Part I, but to take a reexamination in the oral-clinical and pathology portions only. One reexamination may be taken within three (3) years of the original examination and first failure without formal reapplication papers. Request for reopening of the candidate's original application must be filed with a reexamination fee of \$25.00 (see Application and Fees). Data regarding additional training or experience acquired in the interim must also be provided on a Supplemental or Preceptorship Training Form obtained from the Office of the Secretary of this Board.

The reexamination fee will be effective only on original applications filed subsequent to the date of this announcement, namely, June 1, 1949.

The candidate may reappear at the examination following the one failed by him. The Board may, at its discretion, deny the candidate the privilege of reexamination.

Failure to exercise the privilege of reexamination within three (3) years, entails the filing of a new application with the usual application and examination fees.

After two failures in either Part I or Part II on the first application, the candidate may reapply and be readmitted to examinations once only. Exceptions to this ruling can be made only by action of the entire Board in annual session, usually to be based upon evidence of additional training and experience sufficient to warrant such action.

CASE REPORTS

Case reports are to be sent by the candidate to the Secretary as soon as possible after receiving notification of eligibility, and not later than the date of the Part I written examination.

Twenty-five (25) important obstetrical and gynecological case reports, *in condensed form*, are

required. Five (5) cases may concern major illnesses, not necessarily operative. These reports must include a variety of material rather than a number of reports of one type and must be of patients treated within four (4) years of the date of the candidate's application. The number of case reports from one's residency service should not be more than half the total number.

The candidate should prepare and maintain in his possession a carbon copy of his case records in case of possible loss in shipping.

These reports are not to be copied verbatim from hospital records, but should be in condensed form.

Evidence of adequate follow-up examination pertinent to each individual case must be submitted.

The candidate should submit separate verified index lists, in duplicate, for each individual hospital at which operations were performed. All of these must be formally signed by the responsible hospital official (preferably the hospital superintendent), attesting in each instance that the candidate was the operator.

In the upper left-hand corner of each index sheet there should appear:

Candidate's Name; and Name and Address of Hospital.

The data for each patient should be tabulated horizontally, reading thus:

1. Sequence number of case report (1 to 25).
2. Whether patient was from the candidate's residency service or his own private or ward practice, as follows: "Res. Serv." or "Own Practice."
3. Patient's name or identifying initials, age, parity.
4. Date of patient's admission and hospital admission number.
5. Date of patient's operation.
6. Date of patient's discharge.
7. Dates of follow-up examinations.

At the foot of each index sheet should be placed the attested statement of the hospital official, referred to above. This statement should read as follows:

This is to certify that the above listed case reports have been verified by me from the records of this Hospital as having been conducted and these patients operated upon in this institution by Dr. _____; that the admission number and dates specified are correct. This is further to certify that the reports given the following sequence numbers (_____ to _____ inclusive) were from the residency service of the aforementioned physician and the reports given the following sequence numbers (_____ to _____ inclusive) were from his own practice (ward or private) in this Hospital and that in all instances he was the chief operator.

.....
Signature

.....
Official Title

Date.....

Each case report should be typewritten on standard size paper, 8½ x 11 inches, and these reports then assembled in sequence. Covers should not be used for separate reports, as this increases their bulk unduly. Reports should be bound loosely together in a light outside cover not larger than 10 x 12 inches, so that they may be opened and held like a book. The following items should be observed:

I. Each case report should be headed by the following information, in the order given:

1. Operator's Name, Name and Address of Hospital, Sequence Number of Case Report (1 to 25).
2. Operator's service from which report was taken, namely, Residency, or private or ward-attending practice, designated as "Own Practice." All

records failing to have this information will be considered unacceptable.

3. Patient's name or identifying initials, age, parity.

4. Date of patient's admission and hospital admission number.

5. Date of operation.

6. Date discharged.

7. Dates of follow-up examinations.

II. The report of the case should begin with:

1. Preoperative diagnosis.

2. Postoperative diagnosis (based on findings).

III. The report should be in condensed form, not reported in detail.

IV. Obstetrical reports which do not include essential pelvic measurements either by calipers or by x-ray pelvimetry, will be considered incomplete.

V. Critical summary or analysis of each report with critical deductions derived from correctness or incorrectness of candidate's procedures and from final results must be a final part of each report. Lacking such summary, reports will be considered incomplete and will not be graded.

REVOCATION OF CERTIFICATES

Each Certificate of Qualification may be revoked by this Board in the event that:

1. Any representation or statement made to the Board or to any of its representatives by the physician so certified, including the statements contained in his application for certification, shall have been false or intentionally misleading.

2. The physician so certified shall not in fact have been eligible to receive certification, irrespective of whether or not the facts constituting such ineligibility were known to or could have been ascertained by this Board, its members, directors, examiners, officers or agents at or before the time of issuance of such Certificate of Qualification.

3. Any rule governing examination for certification shall have been violated by the physician so certified and the fact of such violation shall not have been ascertained until after the issuance of the Certificate of Qualification.

4. The physician so certified shall fail to abide by the regulations governing the limitation of his practice to the specialty of obstetrics and gynecology.

5. The physician so certified shall violate the standards of ethical practice of medicine then accepted by organized medicine in the locality in which he shall be practicing, and, without limitation of the foregoing, the forfeiture, revocation or suspension of his license to practice medicine, or the expulsion from, or suspension from the rights and privileges of membership in, the American Medical Association or any state or county society affiliated therewith, any recognized Canadian medical society, the American Association of Obstetricians, Gynecologists, and Abdominal Surgeons or the American Gynecological Society shall be conclusive evidence of a violation of such standards of ethical practice of medicine.

6. The physician so certified shall fail to comply with or violate, or the issuance or receipt by him of such Certificate of Qualification shall have been contrary to or in violation of, the Certificate of Incorporation, the By-Laws or the Rules and Regulations of this Board.

Upon revocation of any Certificate of Qualification by this Board as aforesaid, the holder thereof shall return his Certificate of Qualification and all other evidence of certification to the Secretary of the Board and his name shall be removed from the list of certificate holders of this Board.

PUBLISHED LISTS OF DIPLOMATES

For lists of certificate holders of this, as other Boards, consult the Directory of Medical Specialists Certified by American Boards (1949).

Communications should be addressed, and checks be made payable, to

Paul Titus, M.D., Secretary

AMERICAN BOARD OF OBSTETRICS AND GYNECOLOGY

1015 HIGHLAND BUILDING
PITTSBURGH 6, PENNSYLVANIA

ADVISORY BOARD FOR MEDICAL SPECIALTIES

Organized in 1933-34 to coordinate graduate education and certification of medical specialists in the United States and Canada.

This Board holds active membership in the Advisory Board for Medical Specialties and reports directly to its member groups and functions in close cooperation with the Council on Medical Education and Hospitals of the American Medical Association.

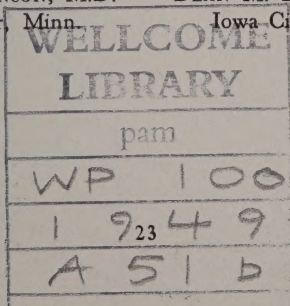
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